Fo	rm 5500-SF	Ponofit Plan							
	artment of the Treasury rnal Revenue Service	This form is required to be filed	nd 4065 of the Emplove	е	2012				
	Department of Labor Benefits Security Administration	Retirement Income Security Act of the Internal	ctions 6057(b) and 6058		This Form i	This Form is Open to Public			
	Pension Benefit Guaranty Corporation         Inspection <ul> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> </ul>								
Part I		lentification Information		and an diam. A	0/04/	2010			
	dar plan year 2012 or fisca				2/31/2				
	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan								
<b>B</b> This re	eturn/report is:		the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under:							m		
		special extension (enter description	,						
Part II		nation—enter all requested informa	tion						
1a Name					1b	Three-digit plan number			
WESTIEK 4	401(K) PLAN					(PN)	001		
					1c	Effective date of	fplan		
						01/15/	(1999		
<b>2a</b> Plan s WESTTEK,		ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identit (EIN) 91-17			
8585 - 154T	ΓΗ AVE. N.E.				2c	Sponsor's telep 425-86			
REDMOND	, WA 98052				2d	Business code (see instructions) 541519			
3a Plan a	administrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's	EIN		
					2.5		elephone number		
		lan sponsor has changed since the la	ast return/report filed fc	or this plan, enter the	4b	EIN			
	sor's name					PN			
_		the beginning of the plan year			5a		13		
		the end of the plan year			5b		11		
		count balances as of the end of the pl			5c		11		
		luring the plan year invested in eligible					X Yes No		
<b>b</b> Are y	ou claiming a waiver of th	he annual examination and report of a See instructions on waiver eligibility a	in independent qualifie	d public accountant (IQI	PA)		X Yes No		
lf you	answered "No" to eith	er line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form	5500.			
Caution:	A penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is	established.			
SB or Sch		r penalties set forth in the instructions signed by an enrolled actuary, as we tte.							
SIGN	Filed with authorized/va	lid electronic signature.	05/23/2013	TIMOTHY T. WELLS					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sic	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of omploye		Data	Enter nome of individu					
Preparer's	Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           reparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)								
		····							

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	60660	6			562173
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	60660	6			562173
8	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	0-(4)					
	(1) Employers	8a(1)	2652	05			
	(2) Participants	8a(2)	2032	.5	_		
	(3) Others (including rollovers) Other income (loss)	8a(3)	9051	2			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	8051	2			407027
	Benefits paid (including direct rollovers and insurance premiums	00			-		107037
	to provide benefits)	8d	15147	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					151470
i	Net income (loss) (subtract line 8h from line 8c)	8i			_		-44433
j	Transfers to (from) the plan (see instructions)	8j					
b	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Coc	les in th	e instructions:
Part 10					Yes	No	• •
a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within t	he time period described in	10a	163	X	Amount
b		? (Do not inc	clude transactions reported	10a		x	
С	Was the plan covered by a fidelity bond?			10c	Х		
d		fidelity bond	, that was caused by fraud	10c		x	60000
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	er persons b of the benefit	by an insurance carrier, s under the plan? (See	10e	x		3540
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	d.)	10q		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	or se	ction	302 of E	ERISA? Yes 🗙 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicab	le.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortized	in this plan year, see instruc		, and e	enter the Day _	e date of the letter ruling Year
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.				
						12b	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d		
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

		·····							
	m 5500-SF	f Small Employ	ee		OMB Nos. 1210-0110 1210-0089				
	ment of the Treasury al Revenue Service	d 4065 of the Employee		2	012				
Employee Ber	partment of Labor nefits Security Administration	Retirement Income Security Act of 19 the Internal Re	ions 6057(b) and 6058( de).	a) of		s Open to Public			
Pension Ben	efit Guaranty Corporation	-SF.	ins	pection					
Part I		lentification Information							
For calenda	r plan year 2012 or fisca			and ending 12	2/31/2	012			
	riniteport is ior. c			n (not multiemployer)	[	] a one-particip	oant plan		
<b>B</b> This retu	B This return/report is: U the first return/report U the final return/report								
<b>C C C C</b>	C Check box if filing under:       Form 5558       a short plan year return/report (less than 12 months)								
Check b	ox if filing under: [	special extension (enter description)	IOMATIC EXTENSION		L		<b>F 4 1</b>		
	<u> </u>								
Part II		mation-enter all requested informatic	n		41				
1a Name c						Three-digit plan number			
WESTTEK 4	U1(K) PLAN					(PN) ▶	001		
					1c	Effective date of 01/15/1			
22 Blop sp	onsor's name and addr	ess; include room or suite number (emp	lover if for a single-e	mplover plan)	26	Employer Identif			
WESTTEK, 1			loyer, il lor a olligio e			(EIN) 91-173	3531		
8585 - 154TI	HAVE. N.E.					Sponsor's telep (425) 86	1-8271		
REDMOND,					2d Business code (see instructions) 541519				
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nan	ne 🛛 Same as Plan	Sponsor Address	3b Administrator's EIN				
				la <u>.</u>	30	Administrator's I	elephone number		
					00	Administrator 5 t	eleptione number		
4 If the n	ame and/or EIN of the	plan sponsor has changed since the las	l relurn/report filed fo	r this plan, enter the	4b	EIN			
name, a Sponso		ber from the last return/report.			4c	PN			
Contraction of the second second	and the second sec	t the beginning of the plan year			5a		13		
<b>b</b> Total n	number of participants a	it the end of the plan year			5b		11		
		ccounl balances as of the end of the pla			5c		11		
and the second s		during the plan year invested in eligible					X Yes No		
		the annual examination and report of an							
under	29 CFR 2520.104-46?	(See instructions on waiver eligibility an	d conditions.)				X Yes 🗌 No		
and the second designed to the second designed as the second designe		her line 6a or line 6b, the plan cannot							
		r incomplete filing of this return/repo							
Under pena	alties of perjury and other	er penalties set forth in the instructions, d signed by an enrolled actuary, as well	I declare that I have a	examined this return/rep	orl, in	cluding, if application	able, a Schedule		
belief, it is t	true, correct, and completed and	ele.	as the electronic vers	son of this returnieport,	, and t	o the best of my	knowledge and		
SIGN	VI TH		15/16/12	1 TIMOTHY T.	NE	111			
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu			ninistrator		
SIGN									
a second concernence	HERE Signature of employer/plan sponsor Date Enter name of individ								
Preparer's	name (including firm na	ame, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's lelephone	number (optional)		
							w 100		
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the instru	ctions for Form 5500-	SF.			Form 5500-SF (2012)		
Succession on the	A nor wellt	n ar an mar an canna ann an ann an Canna an Canna ann an Canna ann an Canna an Canna an Canna an Canna an Canna An Canna an Canna ann an Canna		novem vi			v. 120126		

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Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	3			(b) End of Year
а	Total plan assets	7a	606606				562173
d	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	606606				562173
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	o (1)					
	(1) Employers	8a(1)	00505				
	(2) Participants	8a(2)	26525	)	-	a alaste	
11	(3) Others (including rollovers)	8a(3)	BOEAS	i S			
	Other income (loss)	8b	80512		-		102002
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		- V	-	8	107037
d	to provide benefits)	. 8d	151470	)			Contraction of the start
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f				1.1.21	
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					151470
i	Net income (loss) (subtract line 8h from line 8c)						-44433
J	Transfers to (from) the plan (see instructions)	. 8j				0	
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	lic Co	des in	the instructions:
<u></u>	2E 2G 2J 2K 2T 3D	• A STATE OF A STATE O					
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Plan Charac	clerist	ic Cod	es in tr	ie instructions:
	ty Compliance Questions						
Par		Anna Antonia			Yes	No	Amount
10	During the plan year: Was there a failure to transmit to the plan any participant contribution	utions with	in the time period described in		100		Amount
Ċ	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	luciary Cor	rection Program)	10a		х	
	Were there any nonexempt transactions with any party-in-interes	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions report				х	
	on line 10a.)			10b			
	Was the plan covered by a fidelily bond?			10c	X		60000
(	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
	<ul> <li>Were any fees or commissions paid to any brokers, agents, or of</li> </ul>			100			
	insurance service or other organization that provides some or all	of the ber	efits under the plan? (See			1	
-	instructions.)			10e	X		3540
1	Has the plan failed to provide any benefit when due under the plan		and a second	10f		х	
	g Did the plan have any participant loans? (If "Yes," enter amount			10g		x	
	h If this is an individual account plan, was there a blackout period?	(See inst	ructions and 29 CFR	4.01		v	
<u></u>	2520.101-3.) If 10h was answered "Yes," check the box if you either provided			10h		X	
	exceptions to providing the notice applied under 29 CFR 2520.1	01-3		101		-	
Da	t VI Pension Funding Compliance				•		
11		ments? (If	"Yes," see instructions and con	nplete	Schee	fule SE	3 (Form
	5500) and line 11a below)		••••••		<u></u>		Yes No
11	a Enter the amount from Schedule SB line 39	the second se				11a	
12	Is this a defined contribution plan subject to the minimum fundin	ig requiren	nents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as appli	cable.)				
	a If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amort	ized in this plan year, see instru	ctions	, and (	enter ti Day	ne date of the letter ruling Year
-	If you completed line 12a, complete lines 3, 9, and 10 of Schedu						
	b Enter the minimum required contribution for this plan year					12b	

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c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	1 120	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	Yes	□ No □ N/A
Part VII Plan Terminations and Transfers of Assets		
13a Has a resolution to terminate the plan been adopted in any plan year?	Yes 🔀 I	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	1997 - 1998 - 1998 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?		Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to	
13c(1) Name of plan(s):	13c(2) EIN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)		
14a Name of trust	14b Trust's EIN	